

STATE OF HAWAII
DEPARTMENT OF TAXATION
CHANGE OF ADDRESS FORM

DO NOT WRITE IN THIS AREA

03

NAME: _____

SSN or FEIN: _____

SPOUSE'S NAME: _____

SPOUSE'S SSN: _____

CONTACT PHONE NO. (daytime): (____) _____

PLEASE CHANGE MY:

☐ MAILING ADDRESS TO:

☐ BUSINESS ADDRESS (PHYSICAL LOCATION) TO:

c/o or "In care of" (If this is to be deleted, please write "Delete")

Street (This address cannot be a P. O. Box.)

Street

City/State

Zip Code + 4

City/State

Zip Code + 4

Phone No. (____) _____ (Business)

(____) _____ (Residence)

THE CHANGE OF ADDRESS APPLIES TO MY ACCOUNT(S) CHECKED OFF BELOW:

☐ MY NET INCOME ACCOUNT

☐ MY GENERAL EXCISE ACCOUNT

For Hawaii Tax I.D. No. **W** _____ - _____

For Hawaii Tax I.D. No. **W** _____ - _____

For Hawaii Tax I.D. No. **W** _____ - _____

☐ MY WITHHOLDING ACCOUNT

For Hawaii Tax I.D. No. **W** _____ - _____

For Hawaii Tax I.D. No. **W** _____ - _____

For Hawaii Tax I.D. No. **W** _____ - _____

☐ MY TRANSIENT ACCOMMODATIONS ACCOUNT

For Hawaii Tax I.D. No. **W** _____ - _____

For Hawaii Tax I.D. No. **W** _____ - _____

For Hawaii Tax I.D. No. **W** _____ - _____

☐ MY RENTAL MOTOR VEHICLE AND TOUR VEHICLE ACCOUNT

For Hawaii Tax I.D. No. **W** _____ - _____

For Hawaii Tax I.D. No. **W** _____ - _____

For Hawaii Tax I.D. No. **W** _____ - _____

Signature

Title

Date

Spouse's Signature

Date

— MAILING ADDRESS —
HAWAII DEPARTMENT OF TAXATION
P.O. BOX 259
HONOLULU, HI 96809-0259

THIS SPACE FOR DATE RECEIVED STAMP